

## ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ Ms.☒ Mr. Artist

THOMAS A HCOMB

Permanent

Address

429 N HAWKINS Ave #707 AKRON OHIO

44313

Street

Tel. (216)

867-8670

City

Zip

Area Code

Temporary or

Studio Address

SAME

Street

City

Tel. ( )

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, in which county were you born?

Collaborator

(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.☐ Museum should dispose of.☐ Museum should ship to artist at artist's expense to this address:

## Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 1, 1984.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

Thomas A Hcomb

DO NOT DETACH

DO NOT DETACH

## ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography  
☐ 4. Sculpture ☐ 5. Crafts

Materials

Southern LANDSCAPES # 2

Title

Price or NFS

100.00

Insurance Value  
if NFS Only

Size

11" x 14"

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

5

Total No. in Edition

6

Price  
Unframed

75.00

Price of  
Frame

25.00

ACCEPTED

X

DO NOT WRITE IN THIS SECTION

110 (3)

ACCEPTED

X

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☒ 3. Photography  
☐ 4. Sculpture ☐ 5. Crafts

Materials

Southern LANDSCAPES # 6

Title

Price or NFS

100.00

Insurance Value  
if NFS Only

Size

11" x 14"

## GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

5

Total No. in Edition

6

Price  
Unframed

75.00

Price of  
Frame

25.00

ACCEPTED

X

DO NOT WRITE IN  
THIS SECTION

111 (3)

ACCEPTED

REJECTED

X

RECEIVED

ML

DATE

4/20

DETACH